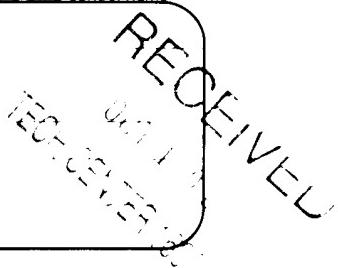


GCT 08-14

TRANSMITTAL FORM		Application Number	10-021,970
		Filing Date	December 13, 2001
		First Name of Inventor	Marcus B. Gschke
		Address	1651
		Examiner's Name	Susan D. Coe
		Attorney/Agent Number	13479 0002 CPUSC1



**TRANSMITTAL
FORM**

¹ See also the discussion of the relationship between the two in the introduction.

1.1. Numerical Examples and Results

ENCLOSURES *(Check all that apply)*

Filing Type (Check all that apply)		
<input checked="" type="checkbox"/> Filing Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After All Written Applications at Technology Center (TC)
<input type="checkbox"/> Filing Attachment	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Reopen Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declarations	<input type="checkbox"/> Provisional Application	<input type="checkbox"/> Status Update
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Declaration	<input checked="" type="checkbox"/> Other Electronic Services Request
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts Incomplete Application	<input type="checkbox"/> CD Number of CDs	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	
	<input type="checkbox"/> POSTCARD	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Form of entity/ firm name	Christopher J. Butler, PLLC, Reg. #44-07- He-Way, Sutton, Arnard & White
Signature	
Date	October 7, 2003

CERTIFICATE OF EXPRESS MAILING

請將此信函郵寄至：美國郵政署，郵政編號：P.O. BOX 128, WASHINGTON, D.C. 20545。或傳真至：(202) 224-3541。或電郵至：USCIS-FOIA@DOJ.GOV。

NAME OF THE PERSON	MR. SAMUEL R. BURKE, JR.		
SEX	Male	AGE	40 years

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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FEE TRANSMITTAL for FY 2004

Information in this document is subject to the Privacy Act.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 375.00)

PTO-13B (2003-01)
Applicant's filing date is 10-02-1970
Filing Date is December 13, 2003
First Named Inventor is Marcus B. Gohike
Examiner Name is Susan D. Che
Art Unit is 1651
Attorney, Docket No is 13479-0002 CPUS01

Complete if Known

Application Number	10-021,970
Filing Date	December 13, 2003
First Named Inventor	Marcus B. Gohike
Examiner Name	Susan D. Che
Art Unit	1651
Attorney, Docket No	13479-0002 CPUS01

RECEIVED
U.S. PATENT AND TRADEMARK OFFICE
DECEMBER 13 2003
13479-0002 CPUS01

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

01-2508.13479.0002.CPUS01

Howrey Simon Arnold & White

The Director is authorized to charge my deposit account.

- Charge fees in addition to the filing fee.
 Charge any additional fees such as my unemployment office fees.
 Charge fees indicated below except for the filing fee to the above-named deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 77.0	1001 36.0	1001 77.0	1001 36.0	Filing fee	
1002 84.0	2+ 17.0	1002 84.0	2+ 17.0	Deposit filing fee	
1003 530.0	299.5 265.0	1003 530.0	299.5 265.0	Plant filing fee	
1004 17.0	2+ 4 34.0	1004 17.0	2+ 4 34.0	Rewrite filing fee	
1005 160.0	200.0 80.0	1005 160.0	200.0 80.0	Provisional filing fee	
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total claims		
Independent claims		
Multiple dependent claims		

Large Entity	Small Entity	Fee Description
1006 17.0	1006 17.0	Utility extra claim fee
1007 17.0	1007 17.0	Utility independent claim fee
1008 17.0	1008 17.0	Multiple dependent claim fee
1009 17.0	1009 17.0	Reissue extra claim fee
1010 17.0	1010 17.0	Reissue independent claim fee
SUBTOTAL (2) (\$)		

** number of claims filed in excess of 20

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 13.0	1051 13.0	Surcharge - late filing fee	
1052 13.0	1052 13.0	Surcharge - late payment fee	
1053 13.0	1053 13.0	Non filing status surcharge	
1054 13.0	1054 13.0	Requesting publication of SIR after Examiner action	
1055 1-164.0	1055 1-164.0	Requesting publication of SIR after Examiner action	
1251 11.0	1251 11.0	Extension for reply within first month	
1252 42.0	1252 42.0	Extension for reply within second month	
1253 45.0	1253 45.0	Extension for reply within third month	
1254 1-145.0	1254 1-145.0	Extension for reply within fourth month	
1255 1-170.0	1255 1-170.0	Extension for reply within fifth month	
1411 17.0	1411 17.0	Notice of Appeal	165.00
1412 17.0	1412 17.0	Filing a brief in support of an appeal	
1413 17.0	1413 17.0	Request for oral hearing	
1451 1-510.0	1451 1-510.0	Petition to institute a public use proceeding	
1452 11.0	1452 11.0	Petition to review a final decision	
1453 1-100.0	1453 1-100.0	Petition to review a final decision	
1454 1-100.0	1454 1-100.0	Petition to review a final decision	
1455 14.0	1455 14.0	Petition to review a final decision	
1456 14.0	1456 14.0	Petition to review a final decision	
1461 17.0	1461 17.0	First post grant review	
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